

Name
in
Full

David L. Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

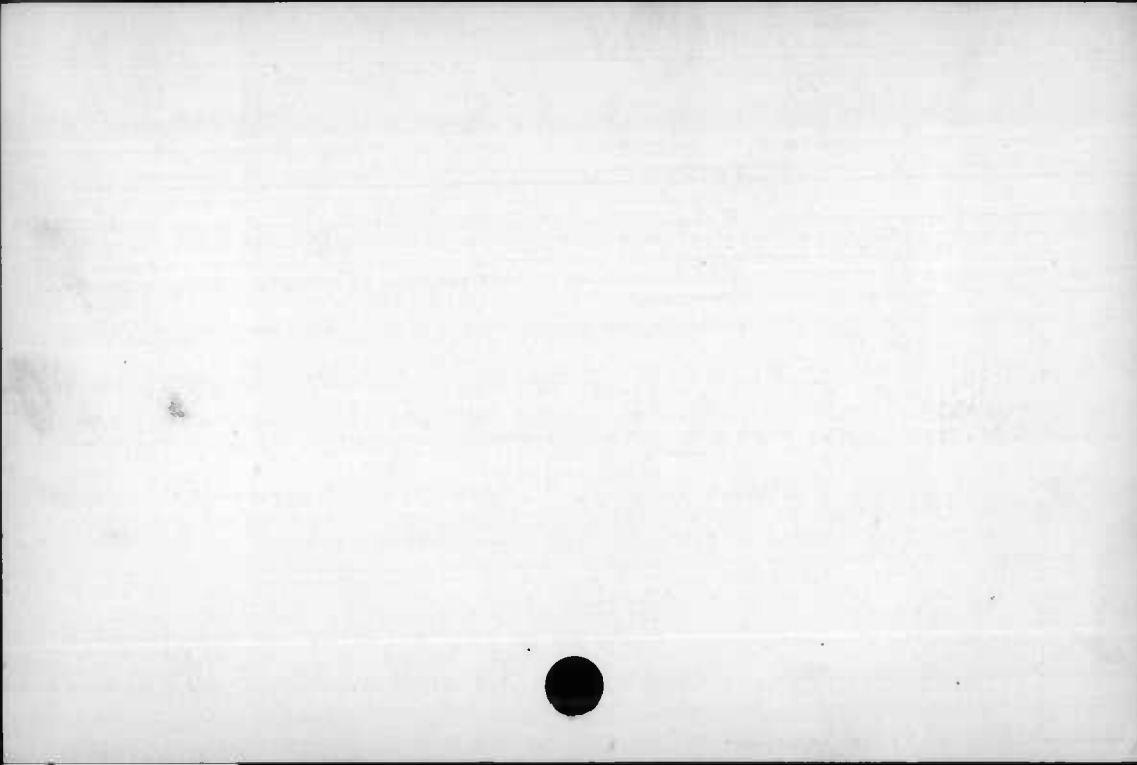
Died at		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death		1908	Month <i>April</i>	Day <i>7</i>	Age <i>55</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Contractor</i>		Where Residing if not at place of death					
Married, Single <i>Single</i>		Name of Wife or Husband <i>Delia L. Franklin</i>					
Father's Name <i>E. S. Adkins</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Watson</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>J. E. Wise</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Hypertrophy</i>	How long	<i>Severe for</i>
Immediate	<i>•• Dilatation - failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Hollac. L.</i>	
		Address <i>Berlin</i>	
Accident or Suicide?			



Name
in
Full

Mary C. Briddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

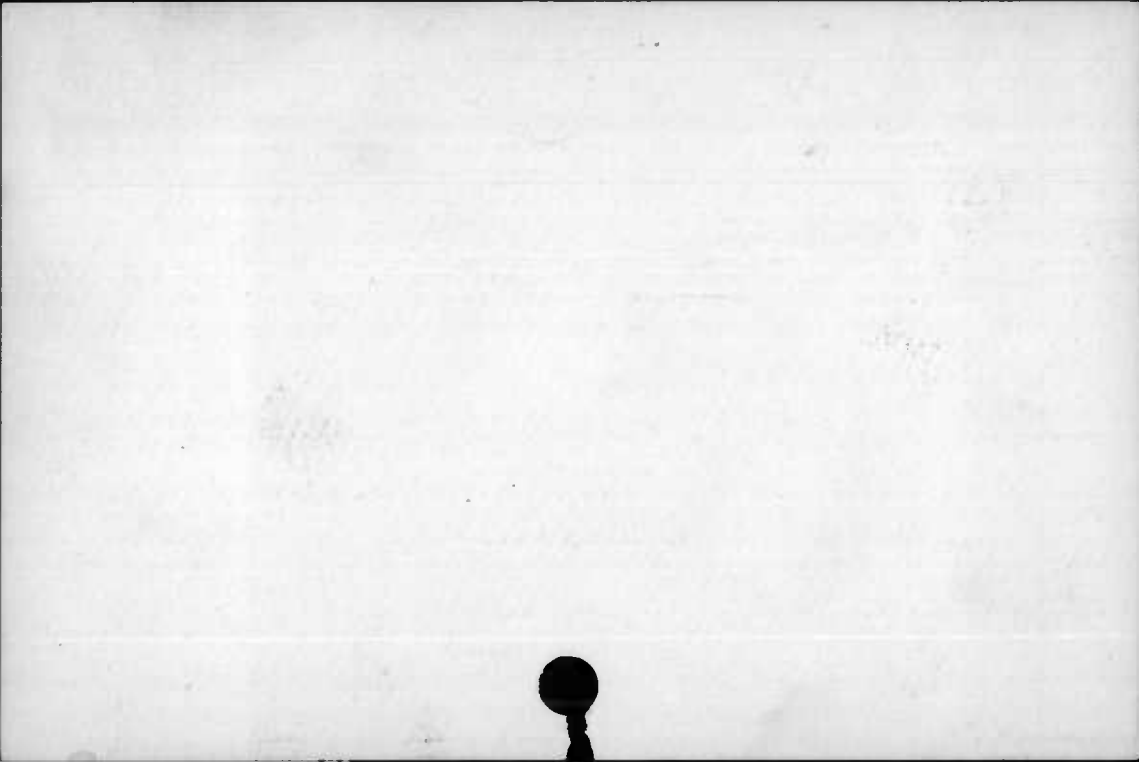
Died at <u>Berlin</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	Month <u>4</u>	Day <u>6</u>	Age <u>25</u>	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Blk</u>		Birth-place <u>Incl</u>		
Occupation <u>House wife</u>			Where Residing if not at place of death <u> </u>		
Married, <u>Single</u>	Name of Wife or Husband <u>Isaac Briddell</u>				
Father's Name <u>Elijah Howell</u>	Father's Birthplace <u>Incl</u>		Mother's Birthplace <u>Interimere</u>		
Mother's Maiden Name <u>Bell Potts</u>	Name of person giving information <u>Thos Parsons</u>		How related to deceased <u>None</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>6 months</u>
Immediate	<u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Wm. L. Tinsley</u>
		Address <u>Berlin</u>
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *J. J. Coffin*
Sydney Town *Leon* CountyDate of death 190 *8* Month *4* Day *25* Age *70* Years Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *MD*Occupation *Farmer* Where Residing if not at place of death *—*~~Married, Single~~ *Widow* Name of Wife or ~~husband~~ *Dead* *Unknown*Father's Name *Major Coffin* Father's Birthplace *MD.*Mother's Maiden Name *Julia Coffin* Mother's Birthplace *MD*Name of person giving information *Mo W Burbage* How related to deceased *Nephew*

CAUSES OF DEATH

64Primary *Cerebral Apoplexy* How long *24 hrs*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *C. W. Drickson*Address *Berlin MD*Accident or Suicide? *J*

Apr 27/04.

Name
in
Full

Columbus Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> ^{Town}		<i>Worcester Co.</i> ^{County}		MARYLAND	
Date of death	1904	Month	April	Day	28
Age	23	Years	23	Months	8
Sex	Male	Color or Race	Colored	Birth-place	Snow Hill
Occupation	<i>Laborer by day</i>		Where Residing if not at place of death <i>Snow Hill Md.</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>Thos. B. Collins</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Caroline Collins</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Ella Collins</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>12 months</i>
Immediate	<i>Hemorrhage</i>	How long	<i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John S. Aydelott</i>
		Address	<i>Snow Hill</i>
Accident or Suicide?	<i>No</i>		<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

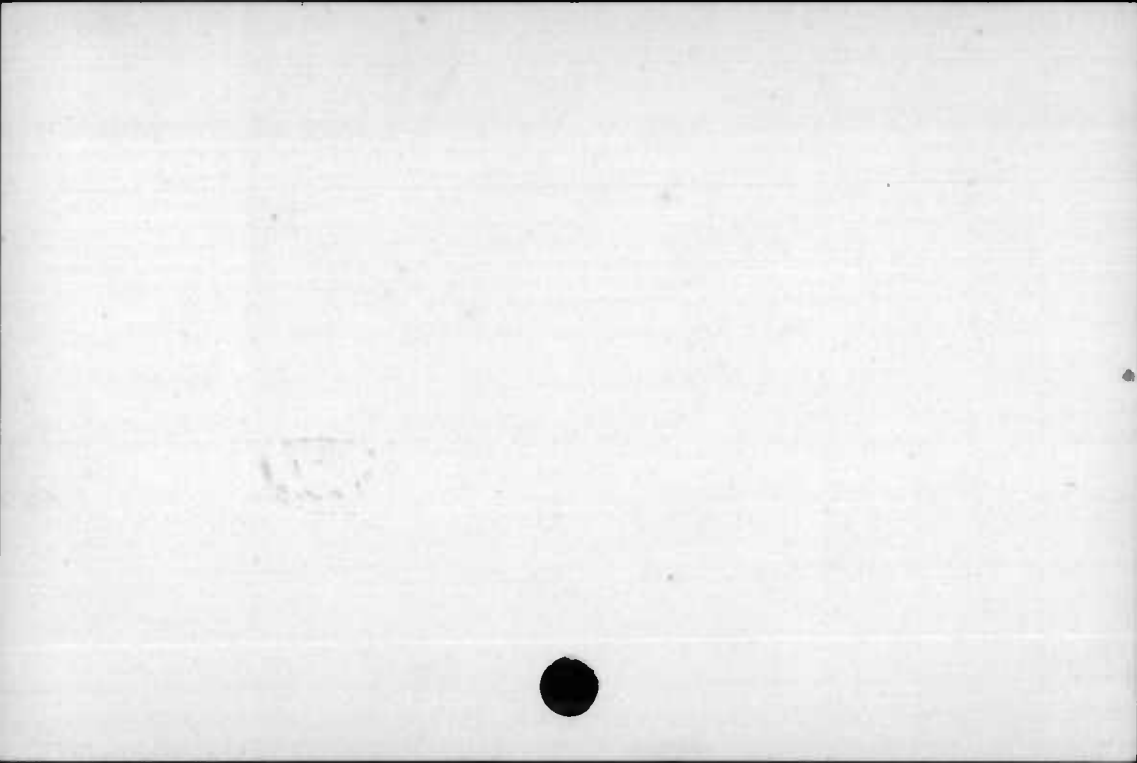
Died at		Town <i>Pocomoke</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		8	4	28			2
Sex		Color or Race		Birth-place			
Female		Col.		Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Clarence Dickerson				Md.			
Mother's Maiden Name				Mother's Birthplace			
Annie Anderson				Md.			
Name of person giving information				How related to deceased			
Harriet Cosler				Sister			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary		Pneumonia		How long		7 months	
Immediate		Heart		How long		2 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				A. N. Wilk			
				Address			
				Pocomoke			
Accident or Suicide?							



Name
in
Full

Ellen Griffin

CERTIFICATE OF DEATH

Died at ~~Cgo H. H. H.~~ near Berlin

Town

County

Wor

MARYLAND

Date
of death 1908

Month

4

Day

27

Age

Years

57

Months

Days

7

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Farmer's Wf.

Where Residing if not
at place of deathMarried, Single
WidowedName of Wife
Husband

W. J. Griffin

Father's
Name

Thos. Bradford

Father's
Birthplace

Md

Mother's
Maiden Name

Rachel

Mother's
Birthplace

Md

Name of person giving
information

Jno W. Burbage

How related
to deceased

None

CAUSES OF DEATH

120

Primary

Intermittent Nephritis

How long

2 years

Immediate

Heart Failure & Coma

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. J. B. Tyndall
Berlin

Accident or Suicide?

Ind

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

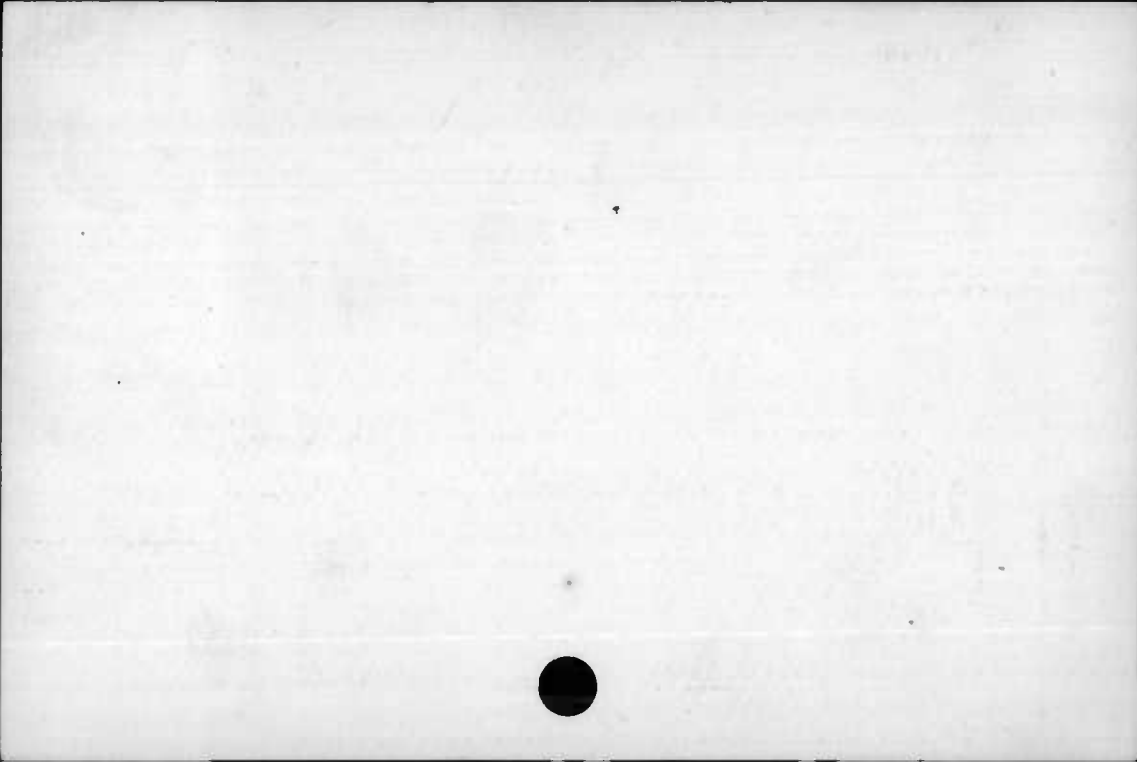
MARYLAND

Died at *Berlin* TownCounty *Worcester*Date
of death *1908*Month *4*Day *5*Age *45*Months *—*Days *—*Sex *Female*Color or
Race *White*Birth-
place *Ind*Occupation *none*Where Residing if not
at place of death *—*Married, Single
or ~~Widowed~~Name of Wife or
Husband *—*Father's
Name *John L. Hammond*Father's
Birthplace *Ind*Mother's
Maiden Name *Esther L. Loomis*Mother's
Birthplace *Ind*Name of person giving
In formation *J. E. Waite*How related
to deceased *none*

CAUSES OF DEATH

64

Primary *Arterio-Scleroticism from Phlebotomy*How long *16 years*Immediate *Atherosclerosis - Cerebral*How long *immediate*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *C. W. Erickson*Address *Berlin Ind*Accident or Suicide? *Q*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

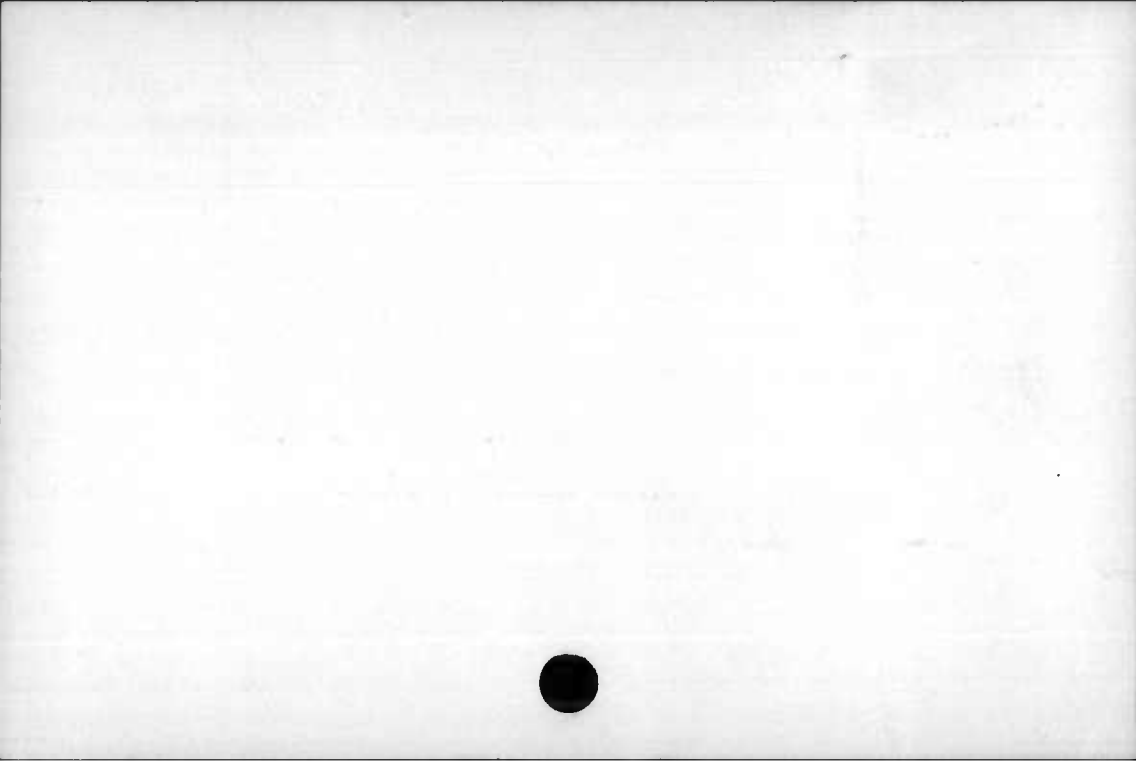
Died at <i>Gradle Creek</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>20</i>	Age <i>5-</i>	Months <i>6</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dnd Md</i>		
Occupation			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Single or <input type="checkbox"/> Married			Name of Wife or Husband		
Father's Name <i>Andrew J. Hibray</i>			Father's Birthplace <i>Michigan</i>		
Mother's Maiden Name <i>Eliza E. Cross</i>			Mother's Birthplace <i>Dnd</i>		
Name of person giving information <i>Andrew J. Hibray</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Killed by muggin</i>	How long	<i>at once</i>
Immediate	<i>yes</i>	How long	<i>at once</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. O'Hayne Jr.</i>	
<i>J</i>		Address <i>Stockton Mich</i>	
Accident or Suicide? <i>accident</i>			



Name
in
Full

Hattie Hughes.

CERTIFICATE OF DEATH

Died at *Pennsboro* TownCounty *Wicomico*

MARYLAND

Date
of death 1908

Month 4

Day 6

Age

Years 18

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Md.*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*J. M. Hughes.*Father's
Name*Louis Plume*Father's
Birthplace*Tn.*Mother's
Maiden Name*May Plume*Mother's
Birthplace*Tn.*Name of person giving
Information*J. M. Hughes*How related
to deceased*Husband*

CAUSES OF DEATH

27

Primary

Heart's fluid

How long

1 yr.

Immediate

Exhaustion

How long

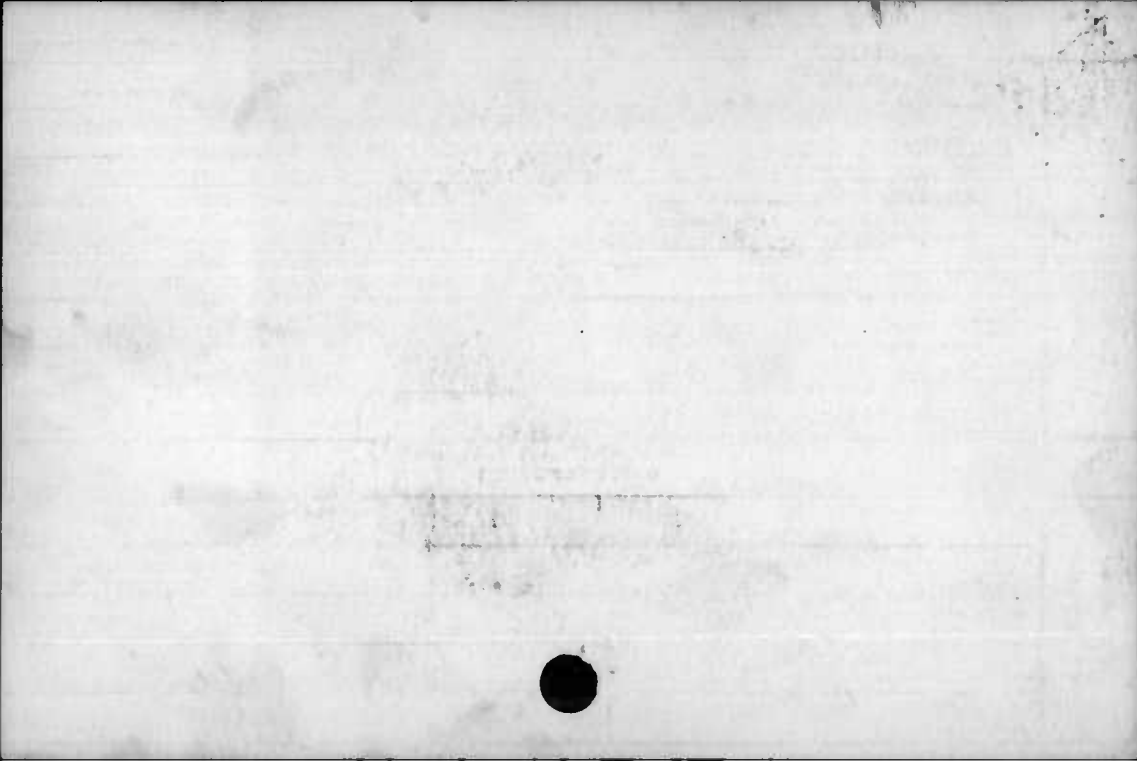
*2 m*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. M. Wilson
Pennsboro City*

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Jane Jester

Town

County

MARYLAND

Died at

Real Friendsville

Monester

Date

Month

Day

Years

Months

Days

of death 1908

4

13

Age

67

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

M. Jester

Father's
Name

Edward Mathews

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Jane Mathews

Mother's
Birthplace

Don't Know

Name of person giving
information

Elizabeth Jester

How related
to deceased

Don't Know

CAUSES OF DEATH

64

Primary

Cerebral hemorrhage

How long

14 hours

Immediate

Collapse

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. M. Wilson

Address

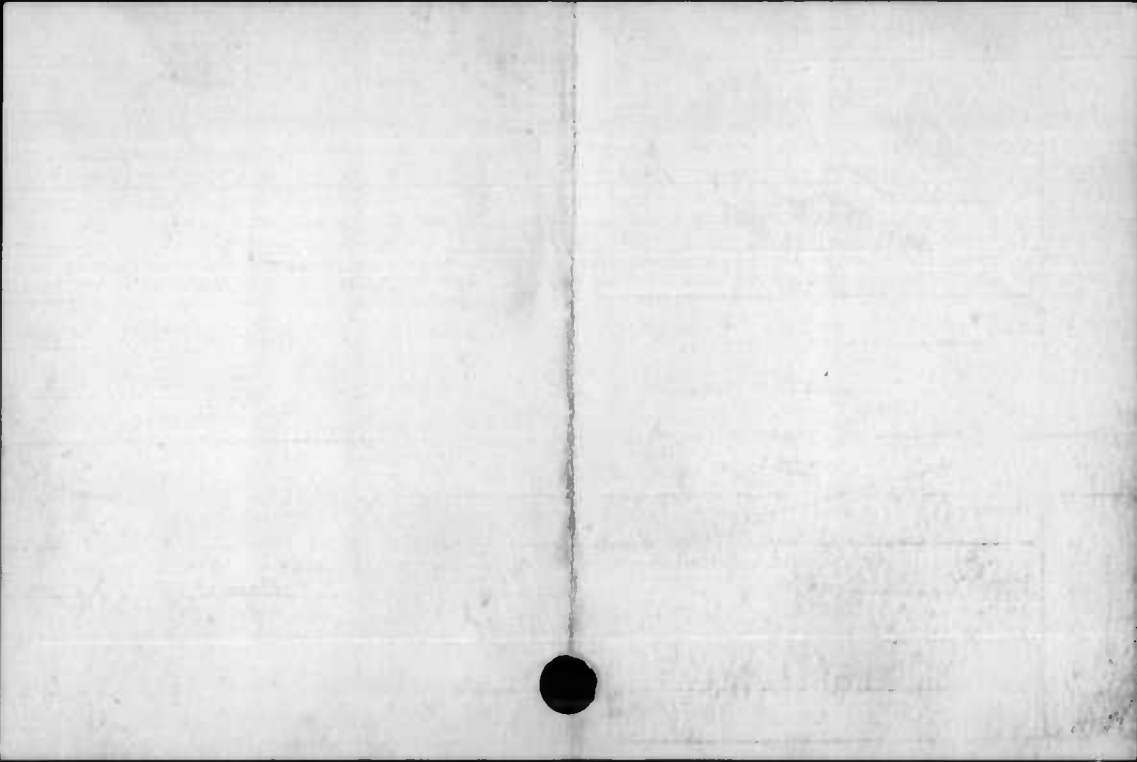
Friendsville City

Accident or Suicide?

Yes

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Maiah Johnson

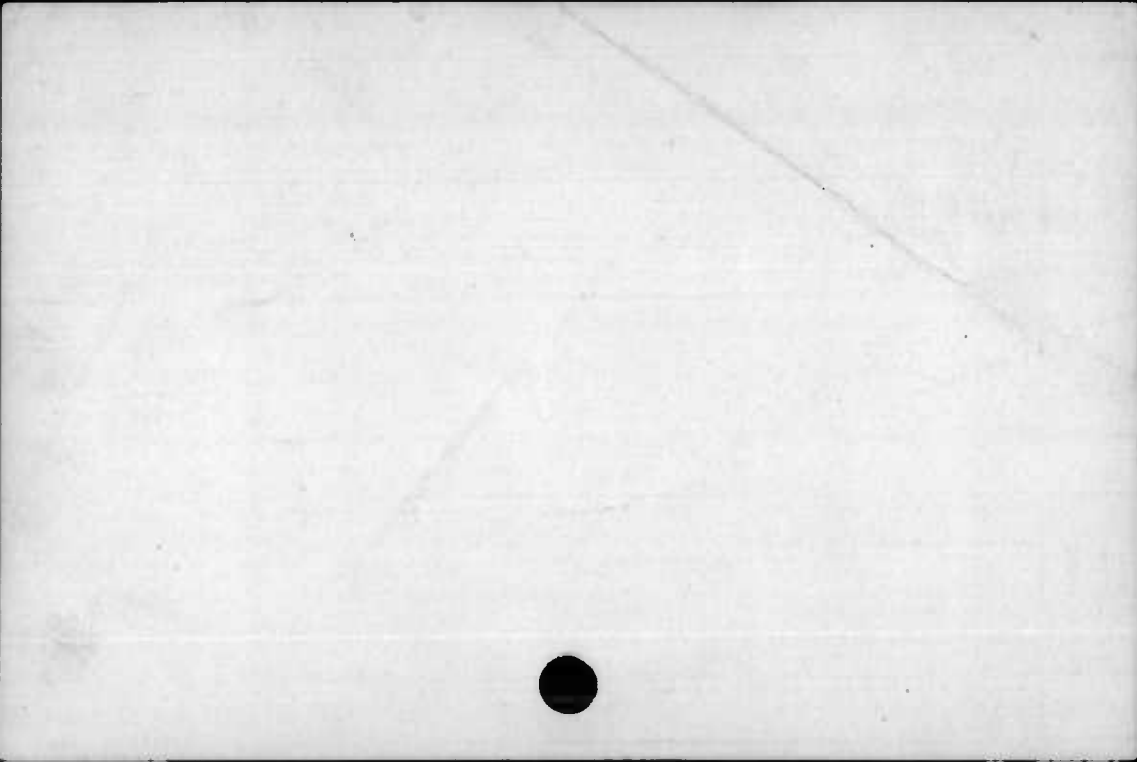
CERTIFICATE OF DEATH

Died at <i>Permoke City</i> ^{Town}		<i>Knocke</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Apr</i> ^{Month}	<i>5</i> ^{Day}	<i>62</i> ^{Years}	<i>62</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Amurice G. K.</i>
Occupation	<i>Domestic</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Don't know</i>		
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>Don't know</i>
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	<i>Don't know</i>
Name of person giving information	<i>David A. Long</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

27

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>Don't know</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. R. Hall</i>	
		Address <i>Permoke City, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Uriah F. Shockley</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Snow Hill</i>		Month <i>April</i>		Day <i>13</i>		Years <i>76</i>	
Date of death <i>1908</i>		Month <i>April</i>		Day <i>13</i>		Years <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>6</i>	
Occupation <i>None Retired</i>		Where Residing if not at place of death		Months <i>6</i>		Days <i>4</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia A. Shockley</i>		Father's Name <i>Peter Shockley</i>		Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>not known</i>		Name of person giving information <i>P. M. Tooko</i>		Mother's Birthplace <i>unknown</i>		How related to deceased <i>son in law</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Instantly</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. J. Jones</i>	
Address <i>Snow Hill Md</i>		Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Providence</u>		Town <u>Shoddy</u>		County <u>Worcester</u>		MARYLAND	
Date of death	1908	Month	4	Day	16	Age	Years
						Months	Days
Sex	<u>Female</u>		Color or Race	<u>Col.</u>		Birth-place	<u>Ind.</u>
Occupation	<u>none</u>		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<u>Charles Stoddy</u>				Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name		<u>Hattie Quinn</u>				Mother's Birthplace	<u>Ind.</u>
Name of person giving information		<u>Harnett Long</u>				How related to deceased	<u>none</u>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Immature Birth</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>H. W. Willis</u>	
		Address	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *William Wesley Taylor*
 Died at *near Pocomoke* Town *Wicomico* County

Date of death *1908* Month *4* Day *4* Age *63* Years Months *1* Days *12*

Sex *Male* Color or Race *white* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah Taylor*

Father's Name *Edwias Taylor* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Watson* Mother's Birthplace *Md*

Name of person giving information *Lloyd C Chapman* How related to deceased *Business man*

CAUSES OF DEATH

120

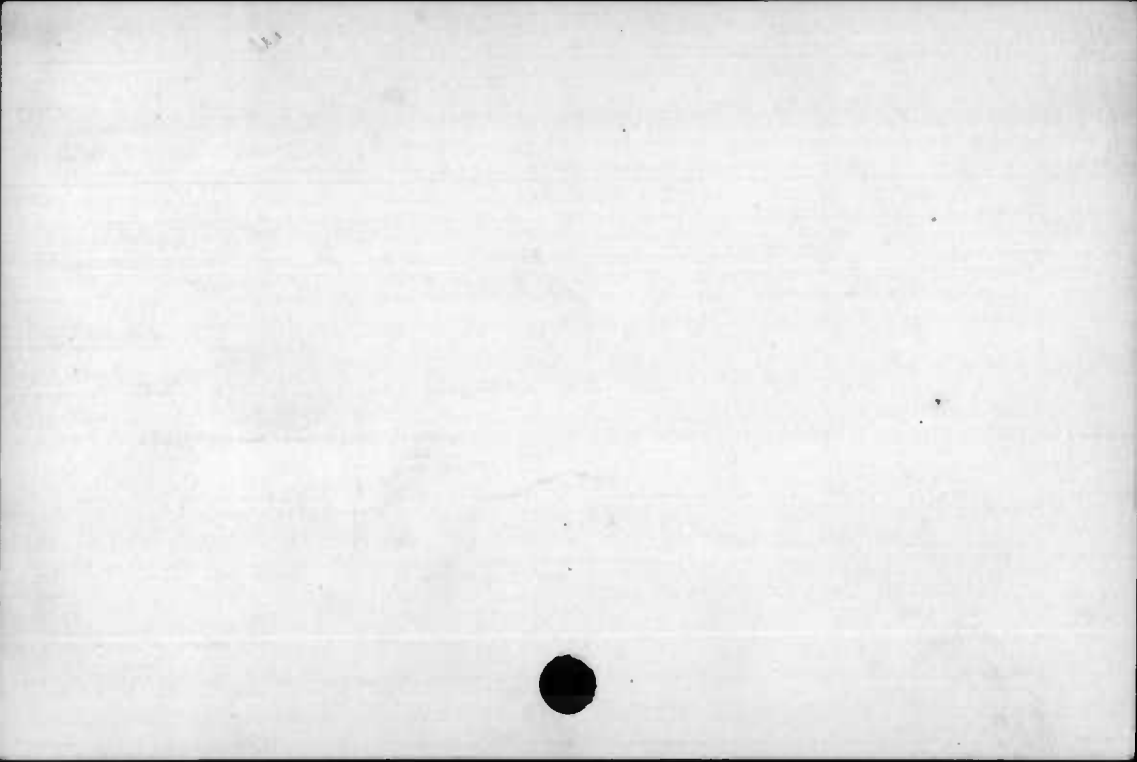
Primary *Thymia* How long *5 days*

Immediate *Phlebotomy* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. M. Wilson*

Address *Pocomoke City*

Accident or Suicide? *✓*



Name
in
Full

Mrs Liggi Thorrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin Maryland County Worcester

Date of death 1908 April 18 Age 44 Months Days

Sex Female Color or Race white Birth-place Maryland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James Thorrey

Father's Name Jerry B. Taylor Father's Birthplace Maryland

Mother's Maiden Name Tharah Leffler Mother's Birthplace Maryland

Name of person giving information Maggi McRee How related to deceased Sister

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Neurasthenia with General Blood Dyscrasia (Septic) How long 20 yrs

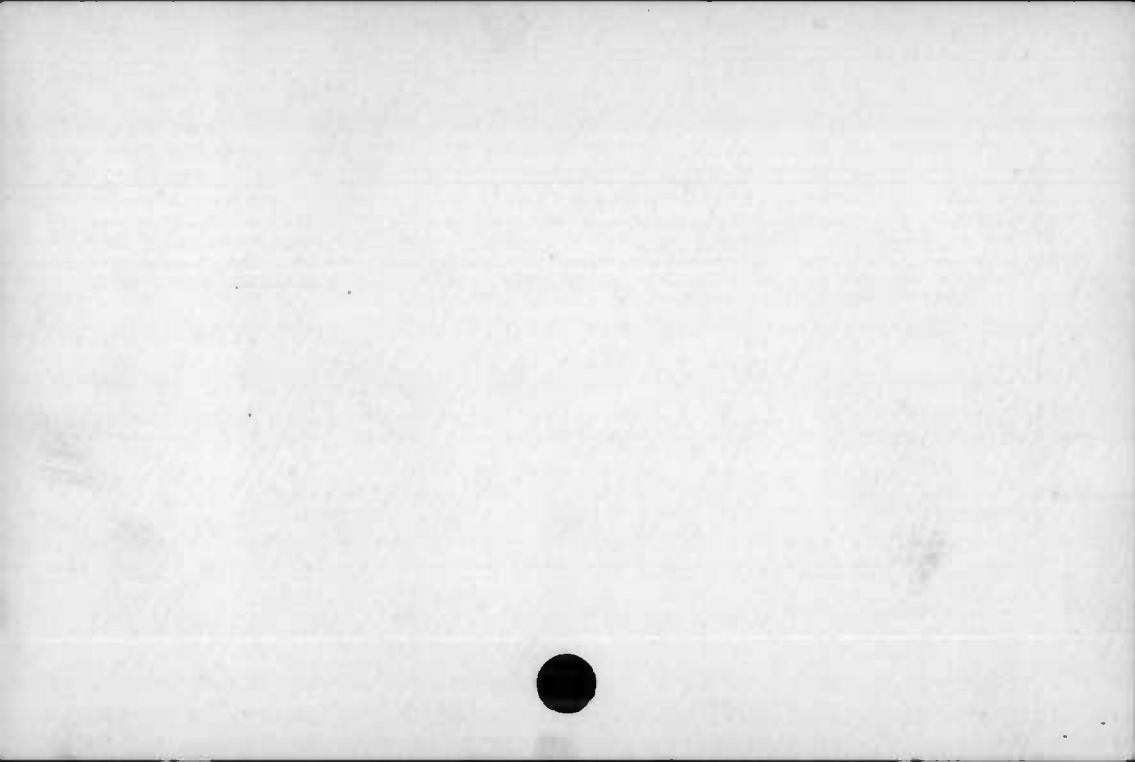
Immediate nausea How long 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. W. Griskson

Address Berlin Md

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

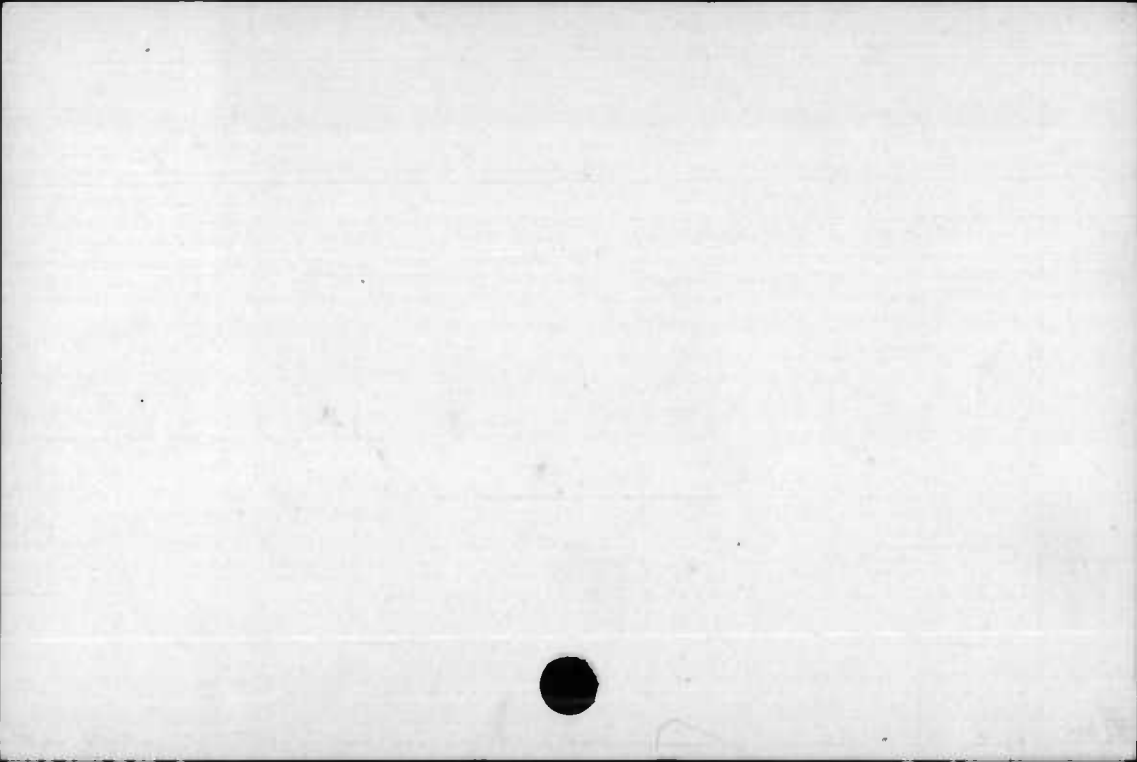
Name <i>Julie M. Wilkerson</i>		Town <i>Bishop R#1</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Bishop R#1</i>		Date of death <i>1908</i>		Month <i>April</i>		Day <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>36</i>		Months <i>6</i>	
Occupation <i>House Work</i>		Where Residing if not at place of death <i>At Home</i>		Birth-place <i>Maryland</i>		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert B. Wilkerson</i>					
Father's Name <i>Thomas Hilley</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Martina Richardson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Robert B. Wilkerson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER.

Primary	<i>Septicemia</i>	How long	<i>Two weeks</i>
Immediate	<i>Septicemia</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. P. Collins</i>	
<i>R. Bayne</i>		Address <i>Bishopville Md.</i>	
Accident or Suicide??			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Berlin		County Storchester		MARYLAND			
Date of death		190	8	Month 4	Day 12	Age 42	Years 42	Months 11	Days 22
Sex		Male		Color or Race White		Birth-place Md			
Occupation		Undertaker		Where Residing if not at place of death		Md			
Married, Single or Widowed Married		Name of Wife or Husband		unmarried					
Father's Name		James E Wise				Father's Birthplace		Del	
Mother's Maiden Name		Elizabeth Shock				Mother's Birthplace		Del	
Name of person giving information		Jno W Brubaker				How related to deceased		None	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	20 years
Immediate	Pneumonia	How long	14 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jadok. P. Henry.	
Address		Berlin	
Accident or Suicide?		Maryland	

